



BRUCE KING
GOVERNOR

State of New Mexico
ENVIRONMENT DEPARTMENT
Harold Runnels Building
1190 St. Francis Drive, P.O. Box 26110
Santa Fe, New Mexico 87502
(505) 827-2850

ENTERED

JUDITH M. ESPINOSA
SECRETARY

RON CURRY
DEPUTY SECRETARY

September 24, 1993

Sheri L. Bone, Chief
Environmental Management Division
Directorate of Environment
United States Army Air Defense Artillery Center and Fort Bliss
Attention: ATZC-DEH-E
Fort Bliss, Texas 79916

Subject: Administrative Completeness and Fee Assessment

Dear Ms. Bone:

The New Mexico Environment Department (NMED) has completed its review for administrative completeness of the Part B Permit Application submitted by Fort Bliss for the Open Burn/Open Detonation (OB/OD) thermal treatment facility located on McGregor Range of Fort Bliss (EPA Identification Number NM4213720101). NMED issued a Notice of Deficiency (NOD) to Fort Bliss in a letter dated April 2, 1993. All items in the NOD have been addressed in accordance with the New Mexico Hazardous Waste Management Regulations (HWMR-7), Part IX, 40 CFR 270.10(c). The permit application has been determined to be complete. A determination of permit application completeness does not preclude NMED from requesting additional information from Fort Bliss to clarify, modify, or supplement previously submitted material. Requests for such additional information will not render an application incomplete.

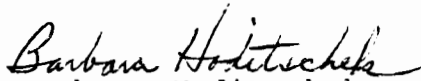
Upon determination of permit completeness, the New Mexico Hazardous Waste Fee Regulations (HWFR-1) promulgated under authority of the New Mexico Hazardous Waste Act (Section 74-4-1 et. seq. NMSA 1979, as amended, 1989) require assessment of a permit fee. The permit fee for the OB/OD facility is \$19,000.00. The fee assessment determination is presented in the attached Permit Fee Worksheet and Hazardous Waste Permit Fee Assessment. Fort Bliss must pay the fee within thirty (30) days of receipt of this notice. Failure to pay the fees within thirty (30) days of receipt of this letter will result in the issuance of a compliance order or permit denial.

Ms. Sheri L. Bone
September 24, 1993
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Upon receipt of the permit fees, NMED will begin review of the permit application for technical adequacy.

If you have any questions or comments, contact Mr. Carl Stubbs of my staff at (505) 827-4308.

Sincerely,


Barbara Hoditschek
Program Manager
RCRA Permit Program

CVS/cvs

xc: Benito Garcia, NMED HRMB
David Neleigh, US EPA Region VI
File Red



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Certified Mail: Return Receipt Requested

HAZARDOUS WASTE PERMIT FEE

Facility Name: U.S. Army Air Defense Artillery Center
and Fort Bliss

Facility Owner: Department of Defense
Department of the Army

Facility Operator: Department of Defense
Department of the Army

Facility ID Number: NM4213720101

Permit Fee Due: \$19,000.00

Permitted Units: Open Burn/Open Detonation

Date of Bill: September 24, 1993

Your Hazardous Waste Permit Application has been accepted for technical review and permit preparation. In accordance with the New Mexico Hazardous Waste Fee Regulations, the fee indicated above has been assessed. Please send to the letter head-address above, payment in the form of a check, made out to:

NMED Hazardous Waste Permit Fees

Please indicate on the remittance the following information:

Activity 50, Rev. Code 169, Deferred Rev. Code 230075 (A 50-DRC 280075)

Thank You.

PERMIT FEE WORKSHEET

FACILITY NAME Fort Bliss

EPA ID NUMBER NM 4213720101

PERMITTED ACTIVITY (By Unit) Open Burn / Open Detonation

GROUND WATER MONITORING? YES ___ NO X

ESCAPED CONSTITUENTS? YES ___ NO X

PUBLIC PARTICIPATION? YES X NO ___

	FEE CALCULATION	REMARKS
BASIC PERMIT	\$ <u>10,000.00</u>	_____
OPERATING UNIT 1	\$ <u>5,000.00</u>	_____
OPERATING UNIT 2	\$ _____	_____
OPERATING UNIT 3	\$ _____	_____
OPERATING UNIT 4	\$ _____	_____
OPERATING UNIT 5	\$ _____	_____
POST-CLOSURE CARE UNIT 1	\$ _____	_____
POST-CLOSURE CARE UNIT 2	\$ _____	_____
POST-CLOSURE CARE UNIT 3	\$ _____	_____
POST-CLOSURE CARE UNIT 4	\$ _____	_____
SUBTOTAL	\$ <u>15,000.00</u>	_____
PUBLIC PARTICIPATION FEE	\$ <u>4,000.00</u>	_____
TOTAL FEE DUE	\$ <u>19,000.00</u>	_____